

PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

10/576,938

CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

U.S. NATIONAL STAGE FEES			
BASIC FEE		SMALL ENT. = \$ 150	LARGE ENT. = \$ 300
EXAMINATION FEE		Satisfies PCT Article 33(1)-(4) = \$ 50 / \$ 100	All other situations = \$ 100 / \$ 200
SEARCH FEE		U.S. is ISA = \$ 50 / \$ 100 All other countries = \$ 200 / \$ 400	All other situations = \$ 250 / \$ 500
FEE FOR EXTRA SPEC. PGS.		minus 100 =	/ 50 =
TOTAL CHARGEABLE CLAIMS	17	minus 20 = *	
INDEPENDENT CLAIMS	5	minus 3 = *	2
MULTIPLE DEPENDENT CLAIM PRESENT			<input type="checkbox"/>

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY

TYPE

OR

OTHER THAN

SMALL ENTITY

RATE	FEE	RATE	FEE
BASIC FEE		BASIC FEE	<i>300</i>
EXAM. FEE		EXAM. FEE	<i>200</i>
SEARCH FEE		SEARCH FEE	<i>400</i>
X \$ 125 =		X \$ 250 =	
X \$ 25 =		X \$ 50 =	
X \$ 100 =		X \$ 200 =	<i>400</i>
+ \$ 180 =		+ \$ 360 =	
TOTAL		TOTAL	<i>1300</i>

CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
		Total	*	Minus	**
	Independent	*		Minus	***
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					<input type="checkbox"/>

SMALL ENTITY

OR

OTHER THAN

SMALL ENTITY

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X \$ 25 =		X \$ 50 =	
X \$ 100 =		X \$ 200 =	
+ \$ 180 =		+ \$ 360 =	
TOTAL ADDIT. FEE		TOTAL ADDIT. FEE	

(Column 1)

(Column 2)

(Column 3)

AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
		Total	*	Minus	**
	Independent	*		Minus	***
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					<input type="checkbox"/>

RATE

ADDITIONAL FEE

RATE

ADDITIONAL FEE

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X \$ 25 =		X \$ 50 =	
X \$ 100 =		X \$ 200 =	
+ \$ 180 =		+ \$ 360 =	
TOTAL ADDIT. FEE		TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	101 576 938	FILING DATE
APPLICANT		

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
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43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	5	↓			↓				↓		↓		↓
TOTAL DEP.	12	←			←				←		←		←
TOTAL CLAIMS	17												